



MISSOURI DEPARTMENT OF REVENUE  
**CERTIFICATION OF RENT PAID FOR 1997**

**1997**  
FORM  
**MO-CRP**

Attachment Sequence No. 1040-08

• **READ INSTRUCTIONS ON REVERSE SIDE.**  
• **PRINT OR TYPE.** • **ATTACH TO FORM MO-PTC.**

1. CHECK THE TYPE OF RENTAL UNIT YOU RENTED. (Check only one box.) **You must attach a rent receipt or copies of cancelled checks for rent paid.**

- ☐ A. SKILLED OR INTERMEDIATE CARE NURSING HOME    ☐ C. HOUSE    ☐ E. RESIDENTIAL CARE    ☐ G. MOBILE HOME    ☐ I. BOARDING HOME  
☐ B. APARTMENT    ☐ D. DUPLEX    ☐ F. HOTEL    ☐ H. LOW INCOME HOUSING    ☐ J. MOBILE HOME LOT

2. LANDLORD'S NAME, HOME ADDRESS AND CITY, STATE AND ZIP CODE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. CLAIMANT'S NAME, ADDRESS OF RENTAL UNIT, AND CITY, STATE AND ZIP CODE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. SOCIAL SECURITY NUMBER OF CLAIMANT

SOCIAL SECURITY NUMBER OF SPOUSE

RELATIONSHIP TO LANDLORD

5. RENTAL PERIOD  
DURING YEAR

FROM: MONTH

DAY

YEAR

**97**

TO: MONTH

DAY

YEAR

**97**

6. Enter gross rent paid. (Attach rental receipt. See instructions.)

6

**USE THE CORRECT PERCENT FOR THE FOLLOWING TYPE OF RESIDENCES AND ENTER THE PERCENT ON LINE 7.**  
BOARDING HOME .....50%  
RESIDENTIAL CARE .....50%  
SKILLED OR INTERMEDIATE CARE NURSING HOME .....45%  
HOTEL .....(See instructions on reverse side)  
MULTIPLE OCCUPANCY .....(See instructions on reverse side)  
ALL OTHERS .....100%

7. Enter applicable percent on Line 7

7

%

8. Net rent paid. Multiply Line 6 by percent on Line 7. ENTER HERE AND ON FORM MO-PTC, LINE 17

8

MO 860-1090 (11-97)

This publication is available upon request in alternative accessible format(s).



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## INSTRUCTIONS FOR COMPLETING FORM MO-CRP, CERTIFICATION OF RENT PAID

- ▶ Complete one Form MO-CRP for **each** rented homestead you occupied during 1997. (Additional forms are available upon request).
- ▶ Attach Form MO-CRP to Form MO-PTC to verify rent claimed.
- ▶ Attach a copy of your 1997 rent receipt(s) from your landlord, (including the housing authority, nursing home or residential care facility). The rent receipt(s) must be signed by the landlord and must include his/her social security number. Copies of cancelled checks will be acceptable if your landlord will not provide a rent receipt(s).

Attach a statement from your guardian stating that the Form MO-PTC is being filed on behalf of the claimant by a nursing home or residential care facility.

- Step 1:** Enter all general information requested in Boxes 1, 2, 3, 4 and 5. If rent is paid to a relative the relationship to the landlord must be indicated on Line 4.
- Step 2:** Enter on Line 6 the total rent paid by you and your spouse only. Exclude rent paid for any portion of homestead dwelling used in the production of income, and the rent paid for surrounding land with attachments not necessary nor maintained for homestead purposes (see homestead definition). Also exclude any rent paid to your landlord on your behalf by any organization.
- Step 3:** If you were a resident of a nursing home or boarding home during 1997, use the applicable percentage stated on the front of Form MO-CRP, Certification of Rent Paid. If you live in a hotel and meals are included in your rent payment, enter 50%; otherwise enter 100%. If you share your home with relatives and/or friends, enter the appropriate percentage of your homestead occupied.
- Step 4:** Multiply Line 6 by the percentage on Line 7 and enter this amount on Form MO-CRP, Line 8 and on Form MO-PTC, Line 17.

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